



DCSS

The Division That Cares



Course Agenda



- **New Hire Reporting & Employment Verifications**
- **Income Withholding Orders & Terminations**
- **National Medical Support Notice**
- **Payment Remittance & Disbursement**
- **Electronic Options**

Thank You, Employers!



Employers Are A Vital Partner!

- Employers account for 70% of child support collections by withholding child support payments from employee's paychecks and enrolling children in their parent's health insurance plan(s).



Child Support Services



- 1. Locate**
- 2. Establish paternity**
- 3. Establish child and medical support orders**
- 4. Enforce child and medical support orders**
- 5. Collect and Disburse child support**

IV-D & Non IV-D



- **IV-D**

The Federal Child Support Enforcement Program was authorized by Title IV-D of the Social Security Act. A state child services office is commonly referred to as the IV-D agency.

- **Non IV-D**

Refers to cases handled privately, not by a child support enforcement agency (IV-D).

* Payments for both types may be remitted to Clearinghouse



Questions?

New Hire



New Hire Reporting & Employment Verifications

- **Name the purpose and benefits of the new hire reporting program per law.**
- **Identify the seven data elements required for new hire reporting.**
- **Identify the primary method of reporting.**
- **Review employment verification requirements**

New Hire Law



Arizona Revised Statute 23-722.01 and Section 313 of the Federal Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, 42 U.S.C. 653A, require all public, private, non-profit and government employers to report every newly hired and rehired employee within **20 days** of hire to the State Directory of New Hires. In Arizona, new hire reports are submitted to the Arizona New Hire Reporting Center.

No one is exempt from this law!

Newly Hired Employee



- Is an individual who has not been previously employed by the employer; or
- Was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days.



Note that “date of hire” is the first day an employee works for wages.

Newly Hired Employees



Why Do We Need New Hire Reporting?

- The child support computer system matches new hire information against open child support cases to:
 1. Locate noncustodial parents,
 2. Establish paternity and child support orders, and
 3. Enforce existing orders.
- New hire reporting speeds up the child support income withholding order process.

Newly Hired Employees



Why Do We Need New Hire Reporting?

- Quickly locates NCP to help in establishing paternity and child support orders.
- Reduces Welfare fraud by detecting unlawful/erroneous public assistance payments, workers compensation and Unemployment Insurance over-payments.

Which Saves Tax Payers Money!

Newly Hired Employees



Who must report?

- All employers and/or labor organizations in the state of Arizona

Who must be reported?

- New employees
- Re-hires or Re-called employees
- Temporary employees

Newly Hired Employees



Do independent contractors (1099's) have to be reported?

- DCSS welcomes Independent Contractor reports

Are labor unions and hiring halls required to report?

- They must report their own employees; individuals who work directly for the union or hall.

New Hire Reporting



What information must be reported?

In accordance with Arizona State New Hire Statutes:

- ✓ **Employer's Federal Employer Identification Number (FEIN)**
- ✓ **Employer's Name**
- ✓ **Employer's Address**
- ✓ **Employee's Name (First, Middle, Last)**
- ✓ **Employee's Full Address**
- ✓ **Employee's Social Security Number**
- ✓ **Employee's Start Date**

Electronic Reporting



- **Online Reporting:**
 - Employers can report their new hires online by using our convenient web site.
 - Confirmations of the reports received are provided each time an employer uses this feature for reporting.
 - Available 24/7

<https://www.az-newhire.com>

Electronic Reporting



- **Electronic Reporting:**
 - Through the web site or through internet connection using File Transfer Protocol (FTP).
- **Multi-state employers may use “Multi-State” reporting:**
 - Allows employers with many work sites to centralize their new hire reporting in a single state.

<https://ocsp.acf.hhs.gov/OCSE/>

Electronic Reporting



Benefits of online electronic reporting:

- **Saves on paper, processing time and postage.**
- **Reduces the likelihood of errors**
- **Helps to avoid rejected records because of unreadable or missing information**

Non-Electronic Reporting



Paper reports may either be faxed or mailed to:

Arizona New Hire Reporting Center
P.O. Box 142901
Austin, TX 78714

Phone: (888) 282-2064

Fax: (888) 282-0502



New Hire Reporting



How often must a company report?

*Employers are required to submit a report within **20** days of a new employee's hire date. Employers who submit reports by upload or electronically are to submit the reports in two monthly transmissions not more than **16** days apart.*

A.R.S. § 23-722.01(d)

Employment Verifications



A Request:	Verify Employment:
✓ In a letter	✓ Name and Date of Birth
✓ Subpoenas	✓ Social Security Number
✓ State-issued forms	✓ Last known address
✓ Attorney requests	✓ Wages
✓ Phone call	✓ Benefits



A.R.S. § 25-513 Employers must respond within 20 days of delivery



Questions?

Withholding/Terminations



Income Withholding & Terminations

- What is an Income Withholding Order?
- Complying with income withholding orders.
- Determine disposable income.
- Allocation of multiple child support orders
- Lump sum payments.
- Reporting terminations
- Explain what to do for rehires

Income Withholding Order



What is an Income Withholding Order:

- **Wage garnishment typically seen for child or medical support owed.**

A.R.S. § 25-505.01

- **Sent from any state – Direct IWO.**

Why issued an IWO?

- **Single most effective collection tool.**

Income Withholding Order



2 ways an Income Withholding Order is generated:

- **Judicial – originates in the court system and is ordered by a judge.**
- **Administrative – originates through the child support enforcement agency’s “administrative process” in order to expedite case handling; ordered by a child support hearing officer or equivalent, which has the same authority as a judge.**

(An order may be sent by a private party)

Income Withholding Order



Complying with the order

1. Document the **date** and **time** of receipt.
2. Determine if the order is “**regular**” on its face (e.g., it appears to be an authentic and identifiable complete legal document).
3. Employer is required to distribute the employee’s portion of the IWO to employee within 10 days of receipt per **A.R.S. § 25-505.01(d)**.
4. Be sure to follow the terms and conditions of the order.

Income Withholding Order



Follow the law of the employee's principal place of employment regarding:

- When to begin withholding
- When to remit payments (2 days in AZ)
- Mandatory deductions
- Maximum amount to be withheld
- How to allocate withholding across multiple child support orders
- Administrative fee that employer is permitted to charge
- Other terms and conditions that may be set by state law

Income Withholding Order



INCOME WITHHOLDING FOR SUPPORT

ORIGINAL INCOME WITHHOLDING ORDER / NOTICE FOR SUPPORT (IWO) () AMENDED IWO
 ONE-TIME ORDER/NOTICE FOR LUMP SUM PAYMENT
 TERMINATION of IWO

March 18, 2013

Child Support Enforcement (CSE) Agency () Court () Attorney () Private Individual/Entity (Check One)

NOTE: This IWO must be regular on its face. Under certain circumstances you must reject this IWO and return it to the sender (see IWO instructions http://www.acf.hhs.gov/programs/cse/forms/CMB-0970-0154_instructions.pdf). If you receive this document from someone other than a State or Tribal CSE agency or a Court, a copy of the underlying order must be attached.

State/Tribe/Territory ARIZONA City/County/Dist./Tribe MARICOPA Private Individual/Entity	Remittance Identifier (include w/ payment) 000111222XXX Order Identifier FC2013-XXXXXX CSE Agency Case Identifier 000111222XXX
--	---

Employer/Income Withholder's Name Disney Employer/Income Withholder's Address 1313 Disney Rail Rd Employer/Income Withholder's FEIN 00-XXXXXXX Child(ren)'s Name(s) (Last, First, Middle) Mouse Jr., Mickey	Employee/Obligor's Name (Last, First, Middle) Mouse, Mickey Employee/Obligor's Social Security Number XX-XX-XXXX Custodial Party/Obligee's Name (Last, First, Middle) Mouse, Minnie Child(ren)'s Birth Date(s) XX-XX-XXXX
--	--

ORDER INFORMATION: This document is based on the support or withholding order from ARIZONA (State/Tribe). You are required by law to deduct these amounts from the employee/obligor's income until further notice.

\$ 100.00 per MONTH current child support
\$ 50.00 per MONTH past-due child support-Arrears greater than 12 weeks? () Yes No
 \$ per MONTH current cash medical support
 \$ per MONTH past-due cash medical support
 \$ per MONTH current spousal support
 \$ per MONTH past-due spousal support
\$ 5.00 per MONTH other (must specify) Clearinghouse fees
for a Total Amount to Withhold of \$155.00 per MONTH.

AMOUNTS TO WITHHOLD: You do not have to vary your pay cycle to be in compliance with this Order Information. If your pay cycle does not match the ordered payment cycle, withhold one of the following amounts:
 \$ 38.75 per weekly pay period \$ 77.50 per semi-monthly pay period (twice a month)
 \$ 17.50 per biweekly pay period (every two weeks) \$ 155.00 per monthly pay period
 \$ 0.00 Lump Sum Payment: Do not stop any existing IWO unless you receive a termination order.

REMITTANCE INFORMATION: If the employee/obligor's principal place of employment is Arizona (State/Tribe), you must begin withholding no later than the first pay period that occurs **14** days after the date of this Order/Notice. Send payment within two (2) working days of the pay date. If you cannot withhold the full amount of support for any or all orders for this employee/obligor, withhold up to 80% of disposable income for all orders. If the employee/obligor's principal place of employment is not Arizona (State/Tribe), obtain withholding limitations, time requirements, and any allowable employer fees at http://www.acf.hhs.gov/programs/cse/newhire/employer/contact/contact_map.htm for the employee/obligor's principal place of employment.

Document Tracking Identifier _____ OMB 0970-0154

Disposable Earnings



Net amount left over after making mandatory deductions such as:

- State, Federal and local taxes
- Social Security taxes
- Statutory pension contributions
- Medicare taxes

No more than 50% of the disposable earnings may be withheld for support

Multiple Orders



By State law **A.R.S. § 25-505.01(d)**

Some monies must be paid to each order for current support.

1. Determine the amount of the disposable earnings that may be withheld.
2. Determine the total amount of all income withholding orders.
3. Determine whether there is enough to pay the total of all income withholding orders.
 - If yes, pay all orders.
 - If no, utilize the percentage method.



Income Withholding Order



How do I allocate when the orders exceed the 50% Allowable Disposable Income amount?



Not Enough Money!

Income Withholding Order



Child Support Allocation Worksheet

Arizona Revised Statute § 25-505.01 requires employers to allocate current child support payments when an employee/obligor is supporting more than one family through income withholding.

This statute only applies when the total amount of all current child support orders exceeds the maximum allowable of 50% of the employee/obligor's disposable income.

The Department of Economic Security (DES) is providing you with this worksheet to enable you to easily calculate the allocation. If you need any assistance in completing the worksheet, please contact us through our Employer Hotline at (602) 252-4045.

STEP 1: List the current child support amounts for each order.

A) \$ 77.50
 B) \$ 65.00
 C) \$ 85.00

STEP 2: Total the current child support amounts for each order.

A) \$ 77.50 + B) \$ 65.00 + C) 85.00 = D) \$ 227.50

STEP 3: Compute the allocation ratios by dividing each current child support amount ordered by the total current child support amount.

A) \$ 77.50 / D) \$ 227.50 = E) .34 % (allocation ratio)
 B) \$ 65.00 / D) \$ 227.50 = F) .29 % (allocation ratio)
 C) \$ 85.00 / D) \$ 227.50 = G) .37 % (allocation ratio)

STEP 4: Determine the amount to allocate to each current child support income withholding order by multiplying the maximum withholding amount of 50% of the employee's disposable income by the allocation ratio for each order. NET INCOME = 420.00 x 50% = H) \$ 210.00

H) \$ 210.00 X E) .34 % = I) \$ 71.40 % (amount for order A)
 H) \$ 210.00 X F) .29 % = J) \$ 60.90 % (amount for order B)
 H) \$ 210.00 X G) .37 % = K) \$ 77.70 % (amount for order C)

STEP 5: Pay the amount allocated to each current child support order to the address as directed on each income withholding order.

When payments are combined for several orders or employees, please separately identify the portion of the payment that is attributable to each employee and/or order. Payments may also be made by separate check indicating the pay date and the case identifier.

Other Garnishments



- Pay child support **first!**
- If the arrears meet the criteria DCSS applies the additional 25% or 33% withholding.
- Current child support is still due when bankruptcy is filed.



Involuntary Deductions



- Only if the IRS tax levy was entered prior to the establishment of the original underlying child support order
- Involuntary deductions that never take precedence over child support:
 - Nontax federal debt
 - State and local tax levies
 - Creditor garnishment
 - Assignment of wages





Limited Income Withholding Order to any employer, payor or other holder of a non-periodic or Lump Sum Payment that is owed. **A.R.S. § 25-505**

Severance pay

Sick pay

Vacation pay

Bonuses

Insurance settlements

Commissions

Stock options

Excess proceeds

Retroactive disability proceeds

Personal injury awards

Inmate accounts

Reporting Terminations



A.R.S. § 25-501.01(K)



You only have to report the termination if there is an active IWO or NMSN.

Reporting Terminations



Mail: DCSS
P.O. Box 40458 / Mail Drop 7413
Phoenix, AZ 85067

Email: DCSSEmployerCentral@azdes.gov

Fax: (480) 926-5193

All DCSS Income Withholding Orders will have a local fax number to the office where it was generated.

Processing Rehires



- **Retain IWO for 90 days in case of rehire**
- **Submit another new hire report**
- **Reactivate IWO**
- **Reactivate medical support as appropriate**



Questions?

Medical Support



Medical Support Notice (NMSN)

1. Describe the National Medical Support Notice
2. Explain the 5 basic types of healthcare coverage
3. Understand Part A of the Employer's Responsibilities
4. Understand Part B of the Plan Administrator's responsibilities

Medical Support



What is Medical Support?

A.R.S. § 25-532



A form of child support owed by a parent as stated in the judicial or administrative order most often as health insurance coverage available under a noncustodial parent's policy.

Medical Support



- **5 types of medical support:**
 1. **Custodial Parent (CP) provides coverage**
 2. **Noncustodial Parent (NCP) provides coverage**
 3. **Noncustodial Parent (NCP) provides coverage through private plan**
 4. **Child enrolled in plan solely for children**
 5. **Child enrolled in Arizona Health Care Cost Containment System (AHCCCS)**

Medical Support



Employer Obligations

If a court or administrative order requires a parent to provide health insurance coverage that is available through an employer doing business in the State of Arizona, the employer shall ...

A.R.S. § 25-534 & 33-1131

Medical Support



The Employer Shall:

- 1. Allow that parent to enroll the child without regard to any enrollment season restrictions.**
- 2. Enroll the child under the family coverage on the application of the child's other parent, the child's legal guardian or the state IV-D agency. If the parent is enrolled in family coverage but fails to enroll the child.**

Continued

Medical Support



The Employer Shall:

- 3. Shall not allow the employee to refuse enrollment or to terminate the coverage of the child.**
- 4. Shall not allow the amount withheld from the employee's compensation to exceed the maximum amount permitted pursuant to section 33-1131.**
- 5. Child Support has priority over cash medical support.**

Employer Response



Employer Response

If 1, 2, 3, or 4 below applies, check the appropriate box and return this part **A** to the Issuing Agency within 20 business days after the date of this Notice, or sooner if reasonable. **NO OTHER ACTION IS NECESSARY.** If 1, 2, 3, or 4 do not apply, forward Part **B** to the appropriate plan administrator(s) within 20 business days after the date of the Notice, or sooner if reasonable. This includes any organization or labor union that provides group health care benefits to the employee. Check number 5 and return this Part **A** to the Issuing Agency if the Plan Administrator informs you that the child(ren) would be enrolled in or qualify(ies) for an option under the plan for which you have determined that the employee contribution exceeds the amount that may be withheld from the employee's income due to State or Federal withholding limitations and/or prioritization. You are required to respond to the Issuing Agency by returning this Employer Response regardless of whether you provide group health benefits or the employee named herein is no longer employed by your organization. Information on the Employer Representative at the bottom of this section is required.

1. The employee named in this Notice has never been employed by this employer.
2. We, the employer, do not maintain or contribute to plans providing dependent or family health care coverage to our employees.
3. The employee is among a class of employees (for example, part-time or non-union) that are not eligible for family health care coverage under any group health plan maintained by the employer or to which the employer contributes. Do not check this box if the employee is only temporarily ineligible for health care coverage.
4. Health care coverage is not available because employee is no longer employed by the employer:
- Date of termination: _____
- Last known telephone number: _____
- Last known address: _____
- New employer (if known): _____
- New employer telephone number: _____
- New employer address: _____
5. State or Federal withholding limitations and/or prioritization prevent the withholding from the employee's income of the amount required to obtain coverage under the terms of the plan.

Employer Representative (Required):

Name: _____ Telephone Number: _____

Title: _____ Date: _____

Federal EIN (if not provided by Issuing Agency on Page 1 of this Notice to Withhold for Health Care Coverage): _____

Employee Name:
Employee SSN:
Name:

ATLAS Case Number:
EIN:

Plan Administrator Response



Plan Administrator Response

(To be completed and returned to the Issuing Agency within 40 business days after the date of the Notice or sooner if reasonable)

This Notice was received by the plan administrator on _____

1. This Notice was determined to be a "qualified medical support order," on _____ Complete Response 2 or 3, and 4, if applicable.
2. The participant (employee) and alternate recipient(s) (child(ren)) are to be enrolled in the following family coverage:
- a. The child(ren) is/are currently enrolled in the plan as a dependent of the participant.
 - b. There is only one type of coverage provided under the plan. The child(ren) is/are included as dependents of the participant under the plan.
 - c. The participant is enrolled in an option that is providing dependent coverage and the child(ren) will be enrolled on the same option.
 - d. The participant is enrolled in an option that permits dependent coverage that has not been elected; dependent coverage will be provided.

Coverage is effective as of _____ / _____ / _____ (includes waiting period of less than 90 days from date of receipt of this Notice). The child(ren) has/have been enrolled in the following option: SEE NEXT PAGE. Any necessary withholding should commence if the employer determines that it is permitted under State and Federal withholding and/or prioritization limitations.

3. There is more than one option available under the plan and the participant is not enrolled. The Issuing Agency must select from the available options. Each child is to be included as a dependent under one of the available options that provide family coverage. If the Issuing Agency does not reply within 20 business days of the date this Response is to be returned, the child(ren), and the participant if necessary, will be enrolled in the plan's default option, if any: SEE NEXT PAGE.
4. The participant is subject to a waiting period that expires _____ / _____ / _____ (more than 90 days from the date of receipt of this Notice), or has not completed a waiting period which is determined by some measure other than the passage of time, such as the completion of a certain number of hours worked (describe here: _____). At the completion of the waiting period, the plan administrator will process the enrollment.
5. This Notice does not constitute a "qualified medical child support order" because:
The name of the child(ren) or participant is unavailable.
The mailing address of the child(ren) (or a substituted official) or participant is unavailable.
The following child(ren) is/are at or above the age at which dependents are no longer eligible for coverage under the plan _____ (insert name(s) of child(ren)).

Plan Administrator or Representative:

Name: _____ Telephone Number: _____

Title: _____ Date: _____

Address: _____

Employee Name:
Employee SSN:
Employer Name:

ATLAS Case Number:
EIN:

Plan Information Selection



Plan Information Selection

Section A (for currently enrolled employee)

Insurance Company Name: _____
Insurance Company Address: _____

* Policy # _____ Group # _____ Member # _____

Type of insurance offered:
_____ Medical; _____ Dental; _____ Vision; _____ Prescription Drug; _____ Mental Health
_____ Other (specify): _____

* Policy # or Group # or Member # is required.

Section B (for non-enrolled employee)

List the plans available including the name and address of each insurance company and identify which one would be selected, if no response received from Issuing Agency:

Insurance Company Name: _____ Default Option: _____
Insurance Company Address: _____

* Policy # _____ Group # _____ Member # _____

Type of insurance offered:
_____ Medical; _____ Dental; _____ Vision; _____ Prescription Drug; _____ Mental Health
_____ Other (specify): _____

Unlawful Refusal To Enroll



You cannot deny coverage if:

- **The child was born out-of-wedlock.**
- **The child is not claimed on the participant's federal taxes.**
- **Child does not reside with participant or in the service plan area.**
- **The child is already receiving benefits or eligible for state Medicare.**

Continued

Unlawful Refusal To Enroll



- The plan requires the participant to be enrolled before the children can be enrolled. (Then you must enroll both the participant and child(ren)!)
- The employer may not eliminate family coverage unless that coverage is eliminated for all employees.

Note: Open enrollment and/or season restrictions do not apply.



Questions?

Payment



Remittance & Disbursement

- List where, when & how a child support payment should be sent.
- Common concerns with remittance & disbursement

Payment



Remittance must be sent within 2 business days

A.R.S. § 25-505.01(e)

- Check – *include two types of identifying information*
- ATLAS Case Number of Court Order Number
- Employee's full name or SSN
- Electronic Funds Transfer (EFT) – *see pamphlet*
- Third Party Options

Continued

Payment



Do not send correspondence with payments

Arizona's Support Payment Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Payment



Common concerns with remittance & disbursement

- Need to void paycheck/wrong amount withheld.
- Possible lost check and if the payment was received.
- Payment sent without identifying information.

* Payments are disbursed in no more than 2 days!





Questions?

Electronic Options



- 1. Benefits and features of e-Employer**
- 2. Benefits and features of e-IWO**
- 3. Name the benefits of electronic payments**

Electronic Options



DES 11/10/2016 13:22:44 PM ARIZONA DEPARTMENT OF ECONOMIC SECURITY
EVERY CHILD, ADULT, AND FAMILY
WILL BE SAFE AND ECONOMICALLY SECURE

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ARIZONA
@YOUR SERVICE

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Login/User ID

Password

[Register flow](#) [Load saved data?](#)

[Forgot Password](#)

A group of five business professionals (three men and two women) in professional attire. The word "Employers" is written in red at the bottom.

A graphic with the text "GOING green" in white and green, set against a background of green foliage.

A close-up photograph of two hands shaking, symbolizing agreement or partnership.

The Division of Child Support Services would like to thank you for your continued support!

[Electronic Funds Transfer for Employers \(EFT\)](#)

<https://extranet.azdes.gov/dcse/eemployer>

Electronic Options



Benefits

- **No cost to utilize this service**
- **Saves postage and staff time by eliminating the need to send paper responses**
- **Secure system – no personal data is maintained on the web site**
- **Notices are received from Arizona only**

Electronic Options



e-Employer Features

- Easy online self-registration
- Designate up to 10 users; 2 of them being administrators
- Individual user login credentials
- Select which type of child support notices you would like to receive electronically

Continued

Electronic Options



- Register multiple companies under the same account
- Report employee changes and terminations
- Print only the employee's copy of the notice
- All notices are stored in history for 180 days
- Update your company's information online

Electronic Options



Department of Economic Security: Employer Application - Windows Internet Explorer

https://www.azdes.gov/dms/portal/employer/Registration/Registration.aspx

File Edit View Favorites Tools Help

Department of Economic Security: oh...

Registration

Please add your company's information below.

Corporate Info	Save
Corporate Info	
Corporate Identifying Information	
*Corporate Name:	
Company Doing Business As (DBA) Name (if any):	
*Company's FEIN:	
Corporate Physical Address	
*Address Line One:	
Address Line Two:	
Address Line Three:	
*City/*State/*Zip:	Phoenix
Primary Contact Information	
*Name (Primary Contact Name):	
*Phone Number:	
*FAX Number:	
*Primary Email Address:	
Secondary Contact Information	
*Name (Secondary Contact Name):	
*Phone Number:	
*Secondary Email Address:	

Back Save Print Cancel

Done Internet | Protected Mode: Off 100%

Electronic Options



Benefits and Features of e-IWO

This is through the Federal Child Support Office for all states

- Secure File Transfer Program (SFTP) to send electronic IOWs
- IWOs are not sent via e-mail
- You can receive all IWOs at one central location instead of several local offices

Continued

Electronic Options



- Using e-IWO will save you time and money if you currently process many IWOs
- There is no cost to participate
- Contact William.Stuart@acf.hhs.gov

Electronic Payments



Electronic Payments (EFT):

- Electronic Fund Transfer for Employers
- Third Party Options:

A third party vendor will accept child support payments and forward them to the Arizona Support Payment Clearinghouse.

Continued

Electronic Payments



Third Party Options:

- **iPayOnline**

<https://ipayonline.azsdu.net/iPayOnline/>

Need additional information, please contact:

Informatix Inc.

EFT Services

Arizona Centralized Payment Processing

AZCPPOutreach@Informatixinc.com

602-843-1230

602-843-1451 (fax)

1-844-518-4385 (toll free)

Arizona DES Child Support Video



- [Arizona DES Child Support Video \(general audience\) - YouTube](#)



Questions?

More Information



- <http://www.acf.hhs.gov/programs/css>
- <http://www.acf.hhs.gov/programs/css/irg-state-map>
- <https://www.azdes.gov/dcse/> - “Employer Resources”
- DCSSEmployerCentral@azdes.gov
- e-Employer@azdes.gov

Thank you!



- Thank you for all that you do for us and Arizona's children!

